



Easy HealthTM

 nib





Summary

nib Easy Health private health insurance provides cover for major treatments and procedures in private hospitals, including many of the costs directly or indirectly associated with these treatments.

A big advantage of Easy Health is that it covers some pre-existing conditions after a period of three years. This can be important if you have had health issues in the past and would like to have them covered in the future.

The Easy Health application is short and simple to complete and you do not need to provide details of your health history when you apply.

Easy Health is available exclusively through your Financial Adviser. They understand the features of Easy Health and can help to explain the cover and how it can protect you and your family.

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Easy Health™

Easy Health covers treatment in a private hospital for a range of significant health conditions. Easy Health also covers you for a range of less serious health conditions and treatments.

Protection for all your family

Need protection only for yourself? Or does your partner, children and extended family also need protection? Your Easy Health policy can include the whole family: husband or wife, partner, children, parents, grandchildren and grandparents. You can also add family members after the policy commences (e.g. on the birth of a child - there's even a benefit for newborns), or you can take out a policy just for your children, or grandchildren.

Cover that meets everyone's needs

The foundation of your Easy Health insurance is the Base Cover. The Base Cover provides cover for many of the big expenses like surgery as well as medical and cancer treatment in a private hospital.

Options can enhance the Base Cover. They cover different types of health services and provide extra levels of flexibility and protection. Everyone on your policy can have a different excess and Options. No matter how many people are on your policy, everyone can get the cover they require.





Pre-existing conditions

Pre-existing conditions are, generally speaking, the health issues you've had in the past, whether treated or not. Many people with pre-existing conditions know these represent an area of increased risk and want them covered if possible. A big advantage of Easy Health is that some pre-existing conditions are covered after a three year period. However, it is important to note there are some pre-existing conditions that are permanently excluded. Pre-existing conditions are explained on page six.

Application and claims

The application form is short and easy to complete and does not ask you questions about your previous health history.

When seeking pre-approval or making a claim, nib may want to establish whether it relates to a pre-existing condition. nib may ask for information about the onset of the condition and the associated symptoms, any previous occurrences of the condition and any related conditions and symptoms you may have had. nib might decline your pre-approval or claim if it relates to a pre-existing condition.

Pre-existing conditions

nib Easy Health covers some pre-existing conditions after the first three years of cover. However, there are also some pre-existing conditions that are permanently excluded.

What is a pre-existing condition?

Any sign, symptom, treatment, or surgery of any condition that happened on or before the insured person's join date that the policyowner(s) or another insured person:

- was aware of; or
- had an indication that something was wrong; or
- sought investigation or medical advice for; or
- would cause a reasonable person to seek diagnosis, care, or treatment.

What is not paid in the first three years?

Any claims connected in any way with a pre-existing condition won't be paid within the first three years after the later of the policy start date or join date of an insured person added to the policy.

Which pre-existing conditions are permanently excluded?

Permanent exclusions apply to all of the following pre-existing conditions:

- Cardiovascular conditions
- Cancer
- Hip or knee conditions
- Back conditions
- Transplant surgery
- Reconstructive or reparative procedures or surgery
- Any condition under the Serious Condition Lump Sum Option.

Ask your financial adviser for more information.



Your Easy Health Base Cover

Base Cover provides cover for major private hospital surgical and medical (non-surgical) treatments. Importantly, it also covers the costs associated with these treatments. As well as some common minor surgical and non-surgical treatments.

Some of the treatments covered under the Base Cover of your policy include:

- Cancer surgery and treatment (e.g. chemotherapy, radiotherapy, immunotherapy and brachytherapy)
- Heart surgery
- Gynaecological surgery
- Back and neck surgery
- Eye surgery (e.g. cataracts)
- Digestive tract surgery
- Varicose vein surgery
- Skin lesion surgery
- Hip and knee surgery
- Sinus and nasal surgery
- Extraction of wisdom teeth (12 month waiting period)
- Non-surgical hospitalisation (e.g. intravenous antibiotics).

Many surgical and medical treatments that involve hospitalisation require consultations with specialists, scans and tests, time in a private hospital and rehabilitation.

Easy Health provides cover for these related health services or treatments provided they are a necessary part of the treatment and they occur within six months before or after hospitalisation depending on the benefit.

The Base Cover also includes other benefits that, while individually may be less costly, collectively can be expensive if you have to pay for one or more of them yourself.

These include:

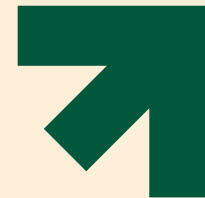
- Cover for specific major diagnostics that don't then require hospitalisation* (e.g. CT, MRI and PET scans)
- Mole removal by a GP and removal of skin lesions by a specialist
- Travel and accommodation for a person requiring treatment and a support person, where the treatment isn't available within 100km of where you usually live
- Parent accommodation if a child on the policy is hospitalised
- Ambulance transfer benefit.

Choosing an excess

To help manage premiums without sacrificing essential benefits, each person on the policy chooses an excess with an associated discount. The excess and discount applies to the Base Cover, not to any Options selected.

A 20% co-payment will apply to some benefits that cover specialist consultations and diagnostic tests. The co-payment doesn't apply to tests listed in the Diagnostics Schedule. You can find a copy of the Diagnostics Schedule on the "What you're covered for" page at nib.co.nz.

*A 20% co-payment will apply to some diagnostic tests. The co-payment doesn't apply to tests listed in the Diagnostics Schedule. You can find a copy of the Diagnostics Schedule on the "What you're covered for" page at nib.co.nz.



How it works

With Easy Health the excess applies to the claims each person on the policy makes under their Base Cover in the policy year, unless otherwise specified. Once their excess amount has been reached, nib will pay any further eligible claims within that policy year. If the benefit you are claiming on has a co-payment, you will need to pay your excess, as well as the co-payment amount.

As an example, with a \$500 excess your premiums would be discounted by 25%. If nib approves a claim of \$2,500 and you use an nib First Choice provider (refer below), nib would pay \$2,000 of the total cost.

If an excess and co-payment both apply to your claim, the co-payment will be applied to your claim first, and then your excess will be deducted from the part of the claim we pay.

For example, if a covered procedure like a CT scan costs \$2,000, a 20% co-payment will be applied first – that's \$400. The remaining \$1,600 is then subject to your excess, if you have one. If your excess is \$500, this will be deducted next. So, you'll pay a total of \$900 toward the cost of the CT scan, and we'll cover the remaining \$1,100.

Excess levels can be changed at any time (special conditions may apply).

Base Cover excess alternatives and related premium discounts[^]

EXCESS	DISCOUNT
NIL	0%
\$250	5%
\$500	25%
\$1,000	35%
\$2,000	45%
\$4,000	55%
\$6,000	60%

[^] The level of discount may be changed from time to time. Discounts shown apply to single-life policies, the discount may vary for policies with multiple lives insured. Discounts shown apply to the entire Premium of the single-life policy.

nib First Choice network

With the Easy Health Base Cover you'll be covered for 100% of eligible costs for treatment (subject to the benefit limits and the terms of the policy, less any applicable excess and/or co-payment) when you use an nib First Choice provider*. You can still choose to be treated by a recognised provider who is not part of the First Choice network and nib will pay up to the Efficient Market Price (EMP) for the health services they provide, less your applicable excess and/or co-payment, and up to the benefit limit. However you will be responsible for paying the difference between the amount the provider charges and what nib pays.

*For more information about the nib First Choice network, please refer to page 17.

Options to enhance your cover

Each person can add different Options to tailor the policy to their needs.



non-PHARMAC Plus Option

New, more effective medicines are being developed every day but some are expensive and some are not funded by PHARMAC. This can put them out of the reach of many people needing treatment.

The non-PHARMAC Plus Option extends the cover for Medsafe-approved non-PHARMAC funded chemotherapy drugs that is available under the Base Cover to include drugs to treat other health conditions. The Option helps ensure access to a wider range of drugs when you have an approved claim under the Easy Health Base Cover.

Your cover applies while you are in hospital and for up to six months of home treatment¹, and includes any costs associated with administering the drugs.

You can choose from the following levels of cover:

\$20,000, \$50,000, \$100,000, \$200,000, \$300,000.



Serious Condition Lump Sum Option

A one-off lump sum payment is made to help reduce the financial strain of dealing with specific trauma conditions. You can use this lump sum on whatever you would like; such as expensive out-of-hospital drug treatments, rehabilitation expenses, paying off the mortgage or maybe a holiday to recuperate.

You can be insured for either **\$20,000** or **\$50,000**. The Option covers trauma conditions* including stroke, life-threatening cancer and major heart attack.

You won't pay an excess for a claim under this option.

*Some of the trauma conditions covered have a waiting period of 3 months. If any of these conditions (including signs and symptoms) occur within the first 3 months on this Option, or subsequently reoccur, that condition won't be covered under this Option.

1. non-PHARMAC treatment at home will be covered for up to six months after you are admitted for treatment. This treatment must be approved by nib and the drugs must relate to it.



Proactive Health Option

Encourages you to take proactive steps to look after your health, whether you want to check any medical concerns or you just want to stay fit and healthy.

You'll be covered for health screening, such as breast screening, prostate screening, heart screening and mole mapping; allergy testing and vaccinations; gym memberships, weight loss management programmes, and quit smoking programmes; and routine health checks.

The premium for this Option is one set price regardless of your age, gender or smoking status. Plus you'll get up to a maximum of **\$1,400*** worth of cover a year.

Covers **80%** of the cost up to the benefit limits. A waiting period of six months applies. You won't pay any excess for claims under this Option.

*Sub limits apply



Overview of benefits, features and limits of Easy Health™

Base Cover

Benefit limits apply to each insured person every policy year unless otherwise specified.

If an excess has been included this will be deducted where applicable, once per policy year for each insured person.

Benefit	What is covered
Surgical Benefit	Up to \$300,000 for private hospital surgical costs – includes any related costs under other applicable benefits (see * below)
Non-Surgical Benefit	Up to \$200,000 for private hospital medical costs – includes any related costs under other applicable benefits (see * below)
Cancer Treatment Benefit*	Cover for surgical and medical cancer treatments
Non-PHARMAC Cancer Treatment*	Up to \$20,000 for non-PHARMAC chemotherapy or immunotherapy drugs
Breast Symmetry Post Mastectomy Benefit*	Cover for unilateral breast reconstruction and/or reduction surgery following a mastectomy
Follow-up Investigation for Cancer Benefit*	Up to \$3,000 for follow-up investigations for up to five years after cancer treatment
Diagnostic Investigations Benefit*	Cover for major diagnostic investigations whether hospitalised or not e.g. CT, MRI and PET Scan, Colonoscopy, Gastroscopy. A 20% co-payment will apply unless the test is listed in the Diagnostics Schedule^
Hospital Diagnostic Tests Benefit*	Cover for diagnostic investigations up to six months before and after being admitted to private hospital. A 20% co-payment will apply unless the test is listed in the Diagnostics Schedule^
Hospital Specialist Consultations Benefit*	Covers 80% of eligible costs for registered specialist or vocational GP consultations up to six months before and after being admitted to private hospital
Travel and Accommodation Benefit*	Cover for the cost of travel and accommodation for an insured person and support person if treatment can't be provided within 100km of usual residence
Parent Accommodation Benefit*	Up to \$3,000 for a parent's accommodation if an insured child is hospitalised. GP or specialist recommendation is not required
Ambulance Transfer Benefit*	Cover for the cost of road ambulance from a public or private hospital to the closest private hospital
Home Care Benefit*	Up to \$150 a day to a maximum of \$6,000 for home care after hospitalisation

*Any related costs paid under this benefit are included within the benefit maximum for the Surgical Benefit or Non-Surgical Benefit (whichever applies).

Note: this overview is just a summary, please read the policy document for full details of what is and isn't covered.

^ If the test is listed on the Diagnostics Schedule, you will be covered for 100% of eligible costs.

Benefit limits apply to each insured person every policy year unless otherwise specified. Each person on one policy can choose the Options they would like from those available. The Base Cover excess does not apply to these Options.



Base Cover

Benefit limits apply to each insured person every policy year unless otherwise specified.
If an excess has been included this will be deducted where applicable, once per policy year for each insured person.

Benefit	What is covered
Physiotherapy Benefit*	Up to \$750 for physiotherapy after hospitalisation
Therapeutic Care Benefit*	Up to \$250 for osteopathic and chiropractic treatment, sports physician treatment, speech and occupational therapy and dietitian consultations after hospitalisation
Overseas Treatment Benefit	Up to \$20,000 per visit for treatment not available in New Zealand when the Ministry of Health has declined funding
Foot Surgery Benefit	Up to \$6,000 for surgery including one pre and one post consultation and associated x-rays
High-Risk Pregnancy Benefit	Up to \$2,000 per pregnancy for treatment by an obstetrician for pregnancies with recognised risk factors
Eye Injections Benefit	Up to \$3,000 for intravitreal eye injections
Skin Lesion Surgery Benefit	Up to \$6,000 for specialist skin lesion surgery
GP Surgery Benefit	Up to \$1,500 for GP minor surgery
Medical Misadventure Benefit	\$30,000 lump sum payment in case of death due to medical misadventure
ACC Top-Up Benefit*	Covers the difference in costs between what ACC has paid and the actual costs incurred
Funeral Support Grant	\$5,000 lump sum payment if an insured person dies between ages 16 and 64 - no excess applies
Waiver of Premium Benefit	Up to two years of premium waiver if the policyowner dies before age 70
Loyalty – Suspending your Cover Benefit	Cover can be suspend for up to six months for unemployment/redundancy, for 3 to 24 months for overseas travel, and for 3 to 12 months for parental leave - after 12 months of continuous cover
Loyalty – Sterilisation Benefit	Up to \$1,000 for each sterilisation procedure, after two years of continuous cover - no excess applies

*Any related costs paid under this benefit are included within the benefit maximum for the Surgical Benefit or Non-Surgical Benefit (whichever applies).
Note: this overview is just a summary, please read the policy document for full details of what is and isn't covered.

Benefit limits apply to each insured person every policy year unless otherwise specified. Each person on one policy can choose the Options they would like from those available.The Base Cover excess does not apply to these Options.



Options	What is covered			
non-PHARMAC Plus Option	Additional cover for the cost of non-PHARMAC funded drugs that are Medsafe approved, not just cancer, used both in a private hospital or at home¹ and meet Medsafe guidelines for use Choice of cover: \$20,000 • \$50,000 • \$100,000 • \$200,000 • \$300,000			
Serious condition Lump Sum Option	One-off lump sum payment for the following serious conditions – <i>please refer to the policy document for complete definitions:</i> <table><tr><td>Heart and circulation • Aortic surgery² • Coronary artery bypass grafting surgery² • Heart valve surgery² • Major heart attack² (myocardial infarction) </td><td>Organs • Chronic liver failure • Chronic lung failure • Chronic renal failure • Major organ transplant² • Pneumonectomy </td><td>Functional loss/neurological • Benign tumour of the brain and spinal cord² • Paralysis: hemiplegia, diplegia, paraplegia, quadriplegia, tetraplegia • Stroke² Cancer • Cancer – life threatening² </td></tr></table>	Heart and circulation • Aortic surgery² • Coronary artery bypass grafting surgery² • Heart valve surgery² • Major heart attack² (myocardial infarction)	Organs • Chronic liver failure • Chronic lung failure • Chronic renal failure • Major organ transplant² • Pneumonectomy	Functional loss/neurological • Benign tumour of the brain and spinal cord² • Paralysis: hemiplegia, diplegia, paraplegia, quadriplegia, tetraplegia • Stroke² Cancer • Cancer – life threatening²
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Proactive Health Option	Up to \$750 for the following health screening tests: bone, bowel, breast, cervical, heart, prostate, eye / visual field, hearing and mole mapping Up to \$100 for allergy testing and vaccinations Up to \$300 for dietitians and nutritionist consultations Up to \$100 for the costs of gym memberships, weight-loss management programmes and quit smoking programmes Up to \$150 for medical check test by a GP or nurse practitioner, at the end of every 24 months of cover under this Option			

1. non-PHARMAC treatment at home will be covered for up to six months after you are admitted for treatment. This treatment must be approved by nib and the drugs must relate to it.

2. If any of these conditions occur within 90 days of the start date or join date of this Option (whichever is applicable), or the date cover is reinstated, no amount is payable. This overview is not a policy document. It is an outline of the benefits of nib Easy Health Cover. A full explanation of the benefits, exclusions and general terms are contained in the policy document. A copy of the policy document is available at nib.co.nz



Why nib?

nib's purpose is your better health and wellbeing. We're here to help Kiwis and their families live healthier, happier and financially secure lives. We do this by offering insurance that's easy to use and affordable while also helping connect our members to the right tools and services to improve their health and wellbeing.

As part of the nib Group we protect the health and financial wellbeing of over 1.5 million Kiwis and Aussies every day, so you'll be in good hands. With hundreds of thousands of New Zealand customers, we know about the cover Kiwis and their families need, so we've designed a range of health insurance policies to suit. At nib we believe that health insurance should be easy to understand, easy to claim on and great value.

Claiming is easy

Our core business is paying claims and being there when you need us most.

**On average every
week nib pays over
\$4.1 million in claims*.**

We aim to make the claims process as simple and hassle-free as possible. It's easy to submit them yourself through the **my nib app** or **nib website**. Alternatively your treatment provider can submit them on your behalf with the nib First Choice Portal.

*June 2023 - nib nz claims.

Starting your cover

Cover starts when nib issues your policy (subject to applicable waiting periods). Alternatively, you can choose to start your policy on any date up to six weeks later.

14-day free-look period

To give you time to consider your policy, nib provide a 14-day free-look period. During this time if you decide the policy isn't right for you, you can cancel it and nib will refund any premiums paid, providing no claims have been made.

Premium payment alternatives

nib offers a range of different payment options including direct debit or credit card, and various payment frequencies including weekly, fortnightly, monthly, quarterly, half-yearly or yearly.



nib's First Choice Network

The nib First Choice network is a network of health service providers that treat nib clients within nib's First Choice price range. nib established the network to help manage claims costs and premium increases over time.

Health service providers are able to lodge pre-approvals and claims on behalf of policy holders, reducing effort for clients and speeding up payments.

To learn more about the network and search for providers in your area visit the nib First Choice Directory - nib.co.nz/find-a-provider



The importance of private health insurance



Your health is one of your greatest assets – it helps you earn an income, support your family and enjoy life. Private health insurance is an investment in your quality of life.

7 reasons for having comprehensive health insurance

01. Greater choice.

You choose who you receive treatment from, and with your GP or Specialist, you decide when and where. Being able to choose reduces uncertainty and enables you to make plans and minimise disruption.

02. Could be less waiting.

While you're waiting for treatment your health could be deteriorating and secondary effects could be developing. If you're in pain, waiting can be difficult and emotionally draining.

03. Less worry.

People often worry when they are waiting for treatment and so do the people who love and support them. Reducing waiting time can reduce worry time.

04. Less lost income - financial support.

Bad health could result in time off work and lost income for you or a supportive family member. And if you're paying for treatment yourself, that's an additional financial burden.

05. Access to leading edge treatments.

Health practices and treatments are advancing rapidly. Private health insurance can give you access to treatments that you may not otherwise be able to afford.

06. Preventative care.

With the Proactive Health Option, it's easier to stay healthy, and to enjoy life and all the things you've worked hard for.

07. Increased certainty and confidence about the future.

Private health insurance provides you with greater certainty about access to support and treatment when you need it.

Private health insurance is an investment in your quality of life.

True cost of health claims

Here are some common treatments you or your family could experience

Cancer treatments

Removal of cancerous skin lesion
\$2,300-\$4,100

Chemotherapy
\$18,000-\$180,000
(Per treatment cycle)

Radiotherapy
\$20,000 - \$60,000
(Per treatment cycle)

Children 0-20 years

Grommets
\$2,200 - \$3,500
(Insertion of tubes in the eardrums)

Adenotonsillectomy
\$4,000 - \$5,500
(Surgical removal of adenoids and tonsils)

Diagnostics

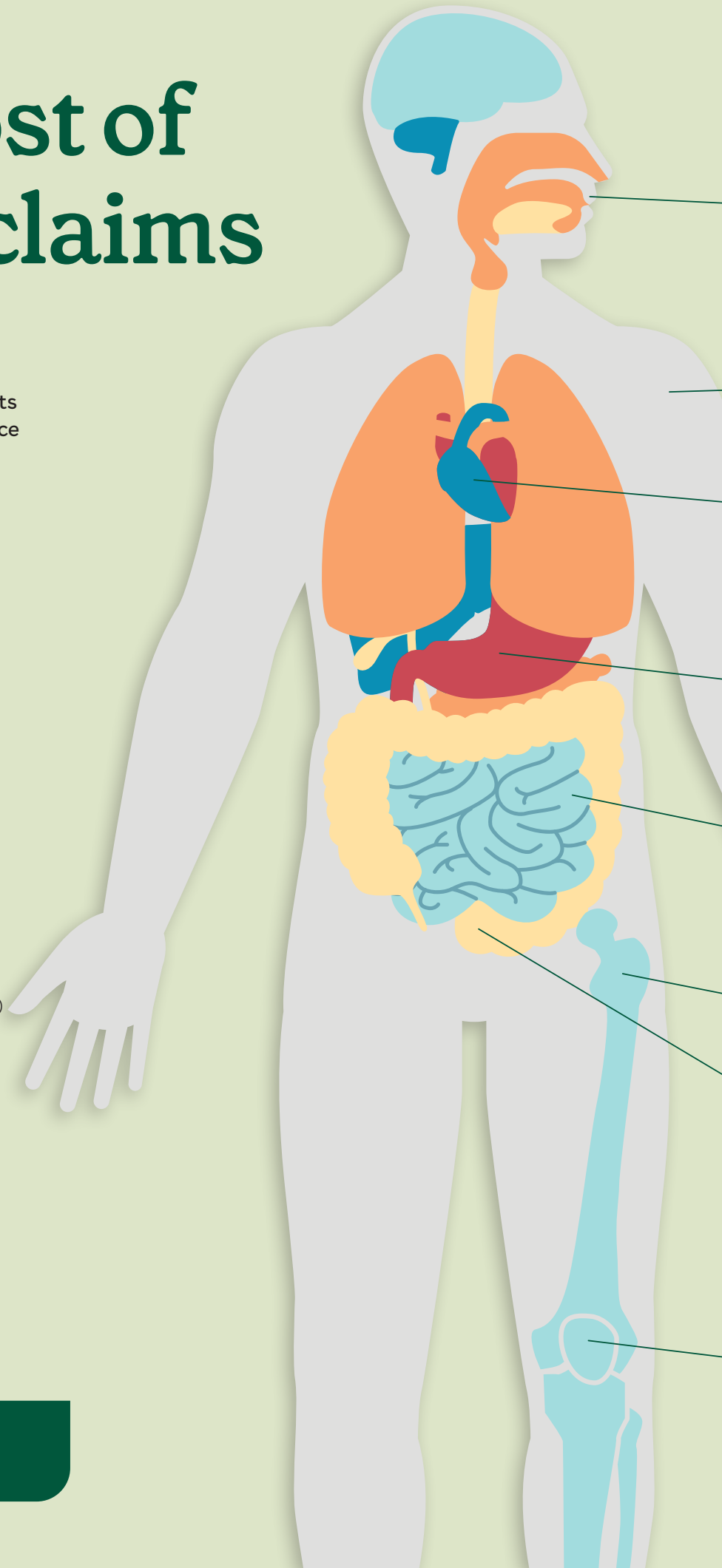
PET Scan
\$2,500-\$3,500

MRI Scan
\$1,500-\$2,800

CT Scan
\$1,000 - \$2,100

Ultrasound
\$300-\$600

For more information
talk to your adviser.





Cataract surgery (unilateral) \$3,600 - \$5,000
Removal of the cloudy lens from the eye affecting vision

Wisdom teeth removal x4 \$4,200 - \$5,800
Surgical removal of wisdom teeth (third molars)

Septoplasty & trimming of turbinates \$3,000 - \$3,900
Straightening of the nasal septum

Tonsillectomy \$5,200 - \$6,200
A surgical procedure to remove the tonsils

Skin biopsy \$500 - \$800
A procedure to remove skin cells for laboratory testing



Coronary artery bypass \$50,000 - \$75,000*
A surgical procedure where a healthy artery or vein is grafted to bypass the blocked artery/vein

Coronary artery bypass and valve replacement \$83,000 - \$110,000*
A surgical procedure where a Coronary Artery Bypass is performed as well as a valve replacement to repair or replace diseased heart valves



Gastroscopy \$1,300 - \$2,100
A diagnostic procedure to look inside the throat and stomach

Cholecystectomy laparoscopic \$9,900 - \$13,000
Surgical removal of the gall bladder

Kidney stone lithotripsy \$10,000 - \$13,300
A procedure used to break up kidney stones



Colonoscopy \$2,000 - \$3,300
A diagnostic procedure to look at the large bowel and sample tissue

Abdominal hernia repair \$5,500 - \$11,000
Surgical repair of weakness in the abdominal wall

Carpal tunnel decompression (unilateral) \$2,000 - \$4,600
Incision to divide the band of tissue which is constricting the nerve

Total hip joint replacement (unilateral) \$22,000 - \$28,000
Replacement of the hip joint with an artificial joint

Hysterectomy \$14,000 - \$20,000
Surgical removal of the uterus

Resection of endometriosis (grade 1, 2, 3, or 4) \$10,900 - \$19,500
Surgical removal of the uterine cells from the pelvis or abdomen

Transurethral resection of prostate \$8,500 - \$11,000
A surgical procedure to cut away a section of prostate

Prostate biopsy \$5,500 - \$8,000
A procedure to look for cancer cells in the prostate



Total knee joint replacement (unilateral) \$25,000 - \$28,000*
Replacement of the knee joint with an artificial joint

The benefits of getting help from a financial adviser

Many people find financial issues and decisions overwhelmingly complex, particularly when they are balancing short and long-term needs and what they can afford. A financial adviser will help simplify the process and the decisions and will do most of the work necessary to keep the process moving, while you get on with your life.

Financial advisers work independently of nib and have various ways of advising their clients.



⊕ Understanding your circumstances

When you talk to a financial adviser, they'll probably start by describing how they usually work with clients. They'll also want to understand your situation and the services you need. You might want to focus just on health insurance or you might be interested in how they may be able to help you with other financial services such as life insurance, obtaining a mortgage or investment advice and KiwiSaver.

⊕ Clarifying needs and prioritising

Your adviser will work with you to help prioritise your immediate and your longer term financial needs and goals, taking into consideration the needs of your partner and children, if applicable. Your financial adviser can simplify what could otherwise be a quite complex process.

⊕ Decision time

You'll have some choices to make. Health and life and living insurance is usually part of a financial adviser's recommendation. An ongoing health condition can mean ongoing loss of income and, if you get treatment through the private health system, ongoing costs. Your financial adviser will recommend cover options that meet the needs of you and your family. This is an area where their specialist expertise is invaluable.

⊕ Application

Your financial adviser will help you apply for Easy Health cover using the **nibAPPLY** online application tool. It's interactive, fast and easy.

⊕ Suppose you need to make a claim

It's good to know you're covered with nib when you need to make a claim. Your adviser can help you with pre-approval and making a claim if you'd like, so you can focus on recovering. nib health insurance claims can be made through your treatment provider, online or easily with the **my nib** app.

⊕ Your annual 'health insurance check-up'

A lot can change in a year, so it's important to review your cover to check it still suits your needs. This annual check-up is part of the service many advisers provide and is a good time to see if there are any opportunities to save you money.

This is how your financial adviser might work with you



A few things to keep in mind

Nobody likes to think they'll experience health problems, but the reality is, many will.

The public health system isn't always able to provide immediate care

For non-critical health problems, even serious ones like a heart condition, you could face waiting lists. It may take several months to be treated.

Some drugs and treatments aren't available or funded through the public health system

Private health insurance can assist with paying for your treatment with drugs that are not funded by PHARMAC. You and your health specialist can have more treatment options for getting you back on your feet.

ACC only goes so far

Many people mistakenly assume that ACC will take care of them if they become ill. But ACC doesn't provide for treatment associated with illness or ageing or for conditions that are considered to be due to gradual deterioration or wear.

One of the benefits of Easy Health is a top up for your surgical or non-surgical ACC claims.

Self-insuring can be financially challenging

Rather than taking out health insurance, some people believe they could afford to pay for private treatment themselves. With many hospital procedures now costing over \$20,000, self-insuring can prove really tough. Having to pay for hospital treatment yourself can often mean:

- Taking out or increasing a loan
- Using savings or retirement funds
- Selling assets
- Borrowing from family

If you have to pay for a series of expensive treatments, the cumulative costs can be daunting.



Glossary of important terms

At nib we aim to explain information about our insurance products in a language our customers will understand. Below are explanations of some of the terms we use, but you are welcome to speak to us, or your financial adviser, if you need help with any of the words used in this brochure.

Benefit limit

The maximum amount nib will pay for each benefit, for each insured person every policy year.

Claim

A request for the payment of benefits covered under your policy.

Co-payment

The portion of a claim that you pay.

Diagnostic investigation

An investigative medical procedure undertaken to determine the presence or causes of a sign, symptom or medical condition.

Efficient Market Price/EMP

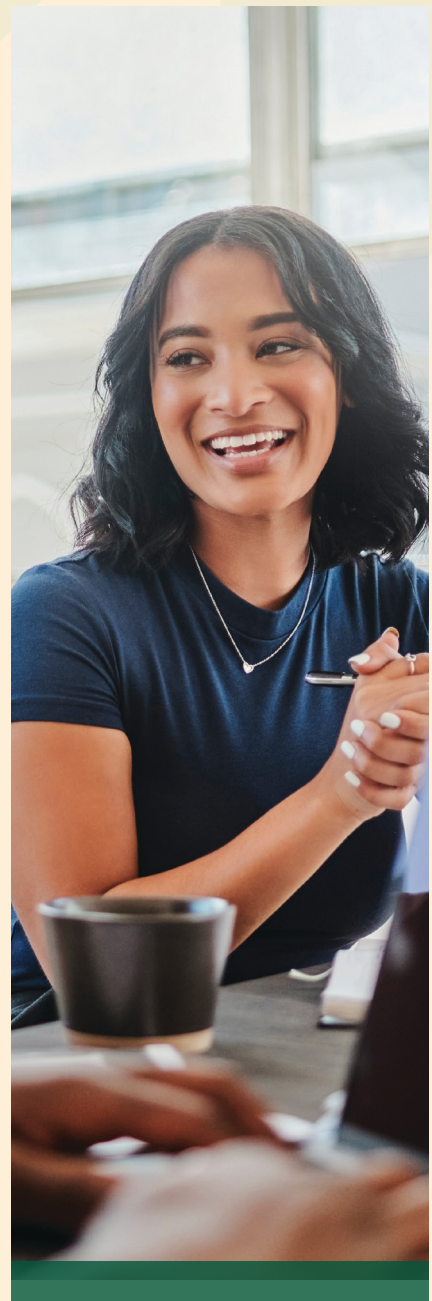
The maximum amount (as may change from time to time) nib will pay for a health service provided by a recognised provider that is not part of the First Choice network.

Excess

The amount of money you'll need to contribute each policy year towards to cost of investigations or treatment claimed by each insured person under your policy.

Hospitalisation/hospitalised

Admission in New Zealand to a private hospital to undergo a surgical procedure or for receiving non-surgical treatment or cancer treatment.



Medical (non-surgical) treatment

When a person undergoes a form of medical treatment which does not involve surgery (e.g. asthma, diabetes or epilepsy).

Medsafe

New Zealand Medicines and Medical Devices Safety Authority, a Business unit of the Ministry of Health with responsibility for administering the Medicines Act 1981 and the Medicines Regulations 1984.

nib First Choice network

The nib First Choice network features nib recognised health service providers that provide our customers with services and treatment within nib's First Choice price range, meaning you will have 100% of your approved costs covered (up to your benefit limit, less any applicable excess and/or co-payment, and in line with your policy).

PHARMAC

The Pharmaceutical Management Agency is a Crown entity. PHARMAC's objective, as outlined in the New Zealand Public Health and Disability Act 2000, is to secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the funding provided (pharmac.govt.nz).

Pre-approval for a claim

Our advanced confirmation that an insured person is eligible to claim.

Premium

The amount of money you pay to keep your insurance active. It can be paid weekly, fortnightly, monthly, quarterly, half-yearly or yearly. This includes any policy fee that may apply to your policy.

Public health service or hospital

Healthcare or hospitalisation which is funded by the government and used by the public.

Private hospital

A private hospital, day surgery unit, cancer clinic, or private wing in a public hospital, within New Zealand that is recognised by nib.

Surgery/surgical/surgeries

An operation performed under anaesthetic by a recognised provider, which requires a surgical incision to remove or repair damaged or diseased tissue.

Underwriter

When your medical information is provided to us it is assessed by a claims specialist and/or an underwriter. They determine the terms on which nib will decide your claim.

Note: This brochure is not a policy document. It is an outline of the main features and benefits of the nib Easy Health policy. A full explanation of the features, benefits and exclusions are contained in the policy document. A copy of the policy document is available at nib.co.nz was last updated in October 2025.

Need help?

Speak to your financial adviser

Go to **nib.co.nz**

Email us at **contactus@nib.co.nz**

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